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Discussion Paper

Assessing Governance to achieve Health and Education Goals

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DEMOCRATIC GOVERNANCE

The Governance Assessment Framework presented in this paper proposes a wide range of methods for assessing the governance inputs and outcomes in the health and education sectors. A system of sound governance is crucial to achieving health and education goals, and applying the most relevant assessment tools helps provide evidence and arguments to hold governments accountable. By using the methods described here, it is possible to gain a better understanding of the strengths and deficits and to advocate that steps be taken to achieve national and international targets on health and education.

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DISCLAIMER

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EXECUTIVE SUMMARY

When something is not being counted, it often means that it does not count.¹ The Millennium Development Goals (MDGs) targets and indicators have shown that *measurement influences action*. They have been tremendously successful in galvanizing efforts to reduce poverty. The same applies for governance. If shortcomings in equity, accountability and transparency are not measured, it is unlikely that society will take strong action to address these governance failures.

Typically in social sectors such as health and education, the focus of measurement is on outcomes rather than processes. The analysis often stays at the national level, and growing disparities (whether between regions or different segments of the population) are concealed by national averages. At the same time, there is strong evidence that poor governance is an overarching reason for shortfalls in social sector goals, such as the MDGs.² Multiple studies show that additional public spending reduces child mortality or increases primary school completion rates only when governance is sound; it fails to do so in countries with weak governance.³ Moreover, since increased choices and opportunities are a condition for progress in human development, democratic governance – which empowers people to make those choices – is essential for achieving and sustaining the MDGs,⁴ as well as any other improvement in health, education and other social sectors.

At a time when new Sustainable Human Development Goals for a post-2015 context are being considered, lessons learned from MDG monitoring processes, whether related to extent of monitoring, types of indicators used, stakeholders involved, or the findings related to governance bottlenecks, can be very useful in informing the new agenda. Many discussions on the MDGs have focused on increasing resources to achieve the goals: scaling-up aid, borrowing abroad and mobilizing domestic resources. Yet there has been very little guidance available to diagnose systematically the many governance obstacles that hinder MDG achievement. This is an important gap. If improved democratic governance is to be the lynchpin for effective, efficient and equitable resource management, obstacles to improvements in governance must first be identified – and monitored.

The starting point for this governance analysis of social sector progress is an illustration of how ‘national statistics do not only reveal; they also conceal.’⁵ Some call it the ‘fallacy of the mean’; others refer to the ‘tyranny of averages’. Disaggregated data confirm that social indicators vary considerably across groups and/or regions within countries. Thus, a reliance on national averages often leads to false conclusions, as the consequences of governance deficits for service delivery can be hidden under national statistics that do not show differences between groups in society. The large disparities that remain are in fact slowing progress in many countries. The Governance Assessment Framework (GAF) presented in this paper aims to delve deeper and gather more nuanced information, by providing a set of tools with which to diagnose and monitor a range of governance problems that are specific to the health and education sectors. Beyond the MDGs, it encourages researchers, activists and policymakers to map elements in patterns of abuse of power, such as discriminatory policies in the provision of social services, political clientelism, or state capture by economic elites. It presents simple assessment methods that can be used by national stakeholders to conduct diagnostics of governance obstacles that affect specific social sector outcomes – achieving universal primary education, promoting gender equality in education, reducing child mortality and improving maternal health (MDGs 2 to 5) – as well as health and education deficiencies more broadly. The GAF aims to help assess to what extent certain deprivations or disparities in health and education sectors can be traced back to specific public policy failures, which in turn may be driven by governance problems. It places special emphasis on exclusion and discrimination in service delivery.

While it is useful for national planners and decision-makers as a policy tool, the framework can also be used by national oversight institutions and civil society to monitor the efforts of governments in the concerned sectors. Most tools included in the GAF are simple methods that lend themselves to be displayed in visual forms, so maximizing their

1 Vandemoortele, 2009.

2 UNDP 2010e.

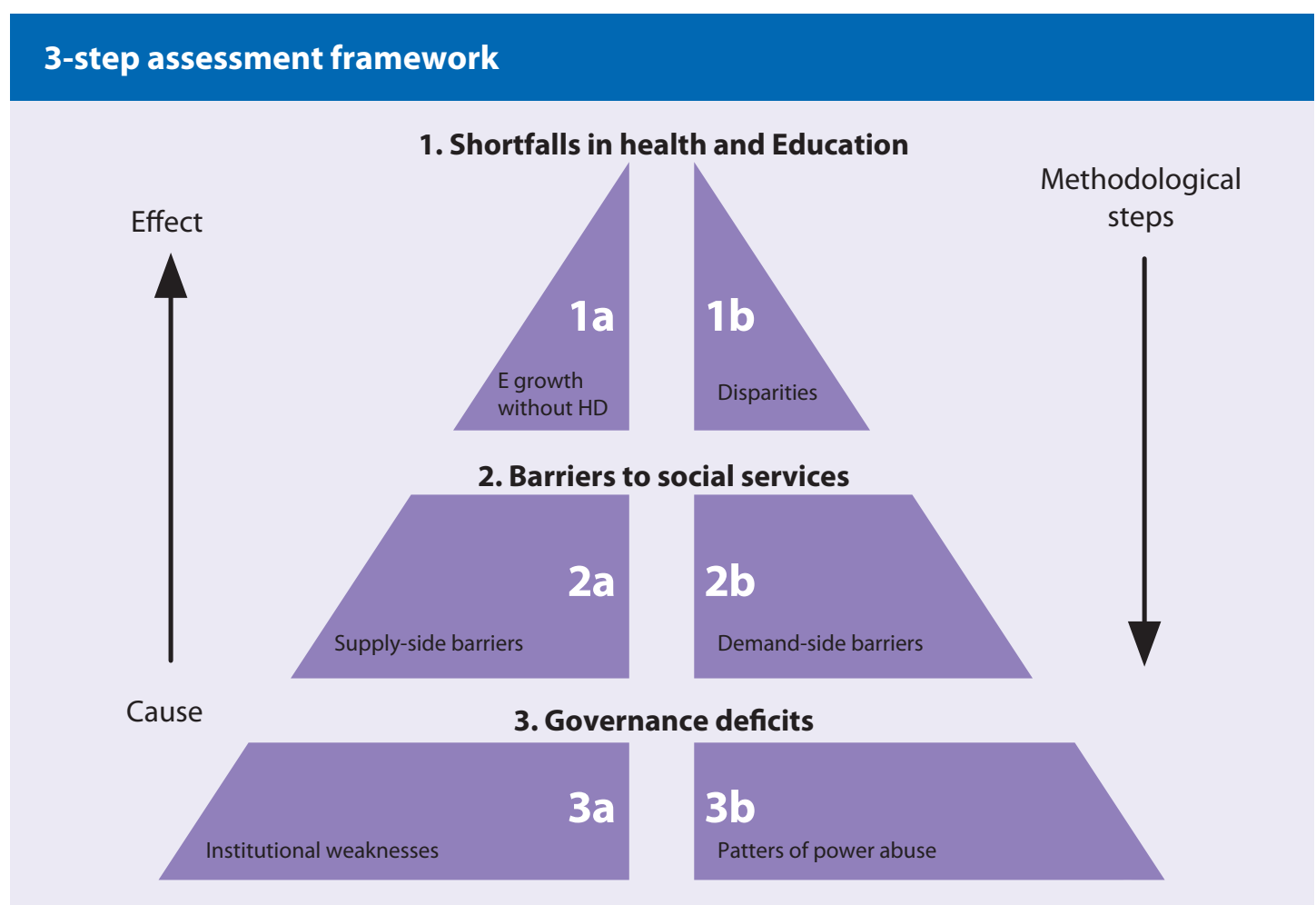
3 Wagstaff et al, 2006; Rajkumar and Swaroop, 2008.

4 UNDP, 2010c.

5 Vandemoortele, 2009.

advocacy potential. It is intended for use in all countries, including those that have made good national progress on health and education goals.

It is also a flexible framework, designed to allow those carrying out the assessment to determine which barriers and dimensions of governance to focus on and which specific methods to use. Although in some circumstances it may be relevant and possible to perform a complete analysis through all dimensions outlined in the framework, in others the main focus may only be on one or two of the aspects considered. These decisions should be based on the purpose of the assessment and the specific circumstances of the country where it is undertaken. In any case, the guidance provided in the framework, including the specific tools and indicative assessment questions provided, should always be adapted by the users as relevant in the particular context of application.



To help analyse the multiple types of governance obstacles that affect specific social outcomes, particularly those related to health and education, the assessment framework set out here aims to assess to what extent specific deprivations and disparities in health and education can be traced to particular failures of public policy, which in turn may be driven by governance problems. It proposes to achieve this through a division of three main layers of analysis, as shown in the following graph:

- 1) identifying shortfalls in achieving health and education goals;
- 2) mapping the main barriers to basic social services, which are essential for achieving progress in social sectors; and
- 3) assessing the main governance deficits that have an effect on those barriers.

The underlying assumption of this framework is that multiple dimensions of governance affect the delivery of basic social services, which in turn affects social outcomes. It does not seek to establish a systematic causal link between the three layers, but rather is based on a premise that lower layers act as contributing factors to higher layers.

Each of this paper's three chapters deals with one of the framework's three layers, offering selected assessment questions and tools for each of them.

Layer 1: Identifying shortfalls in health and education is the first step of the proposed sequence of analysis, which starts from a specific problem or challenge of meeting set targets, and then works to a broader analysis of governance deficits that contribute to that specific challenge. This analysis can and must use existing data and information, for example data generated through MDG monitoring processes, and then identify and assess shortfalls. This provides the motivation behind the governance assessment. It focuses on two types of shortfall that are often symptomatic of poor governance: *economic growth without human development, and wide disparities in social outcomes* across various population groups.

As a rule of thumb, the existence in a given context of one or both of these patterns of human development – in reality, they typically occur together – can be seen as symptoms of poor governance, warranting further investigation.

Layer 2: Identifying the main barriers to achieving social sector goals is meant to help identify a number of barriers that often prevent access to basic social services by the poor and other disadvantaged groups. The framework describes key barriers to these services – physical, financial, legal and socio-cultural – and sets out some tools to identify such barriers in concrete situations. Assessment of these obstacles can help target intervention to improve performance on health and education goals. These barriers are divided into two broad groups: *supply-side barriers, and demand-side barriers*. The former are barriers that are caused by government and others who provide services, and the latter are those that stem from the side of beneficiaries or those utilizing the services.

This stage in the analysis is crucial from a human rights perspective, since typically the whole set of barriers disproportionately affects the poor and other disadvantaged groups. It focuses on barriers that have an impact on service delivery, but are not specifically caused by an intentional government policy or other abuse – the latter are dealt with by the third layer of analysis.

Layer 3: Assessing Governance Deficits is at the core of the GAF. The concept of governance encompasses a broad range of issues, and this part of the framework does not attempt to cover all aspects of governance assessment. It rather focuses selectively on those that are particularly relevant to the achievement of health and education goals, paying particular attention to issues of equity and inclusiveness, two interrelated dimensions of good governance that are crucial from a human rights perspective.

Unlike conventional governance assessment tools, which usually focus exclusively on institutions, this framework also considers patterns of power and interests, which are embedded in unequal relationships and vested interests. This third layer of the framework comprises two distinct but interconnected dimensions of governance: *Institutional capacity*; and *Patterns of power and interests*. While analysis of institutional capacity deals with political will, accountability and state capacity, that related to patterns of power and interests includes measurement of discrimination, corruption, political clientelism and state capture.

For each of these layers, tools and methods are provided that can be adapted and applied to different contexts, by a variety of stakeholders.

Finally, **three annexes** offer further guidance on preliminary steps to a governance assessment initiative for the health and education sectors.

- The first annex draws the link between GAF and MAF, also developed by UNDP and being applied in several countries. The present framework is not confined to the MDGs alone, nor does it cover all sectors covered by the MDGs, but recognizes the fact that many countries are focused on accelerating progress in the last years before the MDG deadline and are using the MAF to boost their efforts. For such countries, the GAF proposed herein can be an additional instrument to help them identify and address governance-related challenges in the health and education sectors that are impeding progress towards full achievement of the MDGs.
- The second annex provides guidance on the use of interviews in the context of a governance assessment, because interviews with stakeholders can be helpful in shortlisting key issues for the assessment and in ensuring that the chosen issues are indeed considered relevant for the country.
- The third annex offers guidance and support in conducting a political economy analysis, applying UNDP's Institutional and Context Analysis (ICA) approach. The ICA helps identify formal and informal institutions and key stakeholders and their incentives, abilities and constraints with regard to any development initiative. The ICA can be used in any sector to inform programming and support dialogue with national partners on key policy areas. More details on its application are provided in a *Guidance Note* developed for this purpose.⁶

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